

COMMUNITY HEALTH NEEDS ASSESSMENT 2019

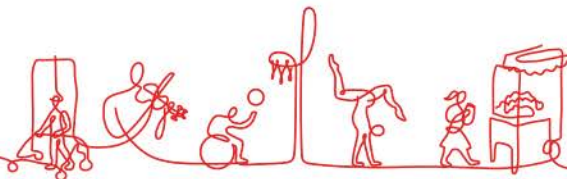


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Questions and/or comments regarding Texas Scottish Rite Hospital for Children’s Community Health Needs Assessment may be directed to:

Sharon Larson
Chief of Business Development/Strategy
Sharon.Larson@tsrh.org
(214) 559-7608

EXECUTIVE SUMMARY

Texas Scottish Rite Hospital for Children (“TSRHC”) is a world leader in the treatment of pediatric orthopedic conditions. We strive to improve the care of children worldwide through innovative research and teaching programs, training physicians from around the world.

TSRHC treats children with orthopedic conditions such as scoliosis, clubfoot, hand disorders, hip disorders, limb length differences and sports injuries, as well as certain related arthritic and neurological disorders and learning disorders, such as dyslexia.

As a pediatric orthopedic specialty hospital, TSRHC is a unique resource benefiting children with orthopedic needs and disabilities and their families through clinical care, education and research. The hospital is one of two specialty providers of pediatric orthopedics and related neurological disorders located in the state and the only one located in northeast Texas.

TSRHC is committed to providing pediatric orthopedic services to meet the needs of children in the community, while also pursuing opportunities within its scope of practice to participate in existing and future programs to improve the overall health of children in the communities it serves. As such, TSRHC has conducted a Community Health Needs Assessment (“CHNA”), using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs of children, as perceived by the community served by TSRHC, as well as alignment with TSRHC’s mission, services and strategic priorities. The findings in this new 2019 CHNA are consistent with the significant health needs identified in our 2016 CHNA.

As discussed in more detail below, for the purposes of this CHNA, TSRHC has defined its “community” as a 13-county geographical area located in northeast Texas, which accounts for 81.4% of TSRHC’s patients. While TSRHC serves patients across a broader region, defining its primary community will allow TSRHC to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

TSRHC conducted a survey of patient families to gather initial primary data. 247 patient families provided input through the patient survey (available in both English and Spanish). Patient focus groups were also conducted.

In addition, TSRHC obtained input from 25 key stakeholders through interviews and electronic surveys, a technique employed to assess public perceptions of the identified CHNA Community’s health status and unmet needs. These key stakeholders have knowledge of or expertise in public health, representing vulnerable populations or representing the broad interest of the community.

Secondary data was assessed. This data included community demographics, socioeconomic indicators of the community, and community health status indicators relevant to the services provided by TSRHC.

Information gathered in the steps detail above was reviewed and analyzed to identify health issues in the community.

Key findings for each identified health need are summarized (see Appendix C) and health needs were prioritized with input from members of TSRHC’s management team utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community and 5) the prevalence of common themes. Significant needs were further reviewed and analyzed regarding how closely the need aligns with TSRHC’s mission, current and key service lines, and/or strategic priorities. A review of existing community benefit and outreach programs was also conducted as part of this process and opportunities for increased community collaboration were explored.

Based on the information gathered through this CHNA and the prioritization process described later in this report, the following priorities were identified. Opportunities for health improvement exist in each area. TSRHC will work to identify areas where TSRHC can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2020-2022 for the priority areas identified below.

Identified Priority	Correlated Community Health Need
Improve Access to Health Care Services	▶ Access to services
	▶ Affordability of services/reducing financial stress on families
Improve Child Health Status	▶ Obesity/unhealthy eating/lack of physical activity
	▶ Need for additional health education and family support
	▶ Risky behaviors (inappropriate use of cell phone and internet, sex, shoplifting, etc)
	▶ Mental health and behavioral conditions
	▶ Asthma
Greater Coordination of Care	▶ Need for greater coordination of care

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS



HOW THE ASSESSMENT WAS CONDUCTED

Texas Scottish Rite Hospital for Children partnered with BKD, LLP (“BKD”) to conduct this community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 40 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from May 2019 to September 2019.

The CHNA was conducted to support TSRHC’s mission by responding to the needs in the communities it serves and to comply with Internal Revenue Code Section 501(r) and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on guidance from the United States Treasury and the Internal Revenue Service, the following steps were conducted as part of the CHNA:

- ➔ Community benefit initiatives, which were implemented over the course of the last three years, were evaluated.
- ➔ The “community” served by TSRHC was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in Community Served by TSRHC.

- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests.
- Input from patient families was obtained through a survey of patient families as well as patient focus groups. Findings are described in Patient Input.
- Community input was also obtained through key stakeholder interviews of 25 community leaders. See Appendix B for a listing of key stakeholders that provided input primarily through face-to-face interviews.
- Any written comments received from the public regarding TSRHC's most recently conducted CHNA and most recently adopted implementation strategy were considered.
- Identified health needs were then prioritized taking into account community perception of the significance of each identified need as well as the ability for TSRHC to impact overall health based on alignment with TSRHC's mission and the services it provides. TSRHC leadership participated in identifying and prioritizing significant health needs.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

LIMITATIONS AND INFORMATION GAPS

As with all data collection efforts, there are several limitations related to the CHNA's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2018 may be the most current year available for data, while 2017 or 2016 may be the most current year for other sources.

In addition, the demographics of patient families who participated in the patient survey and focus groups do not necessarily match the demographics of Dallas County and the 13-county CHNA Community. Rather, input was solicited to represent the patients served by TSRHC. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data was collected at one point in time and among a limited number of individuals. Therefore findings, while directional and descriptive, should not be interpreted as definitive.

GENERAL DESCRIPTION OF TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN

TSRHC is a pediatric orthopedic specialty hospital located in Dallas, Texas. TSRHC provides ambulatory and inpatient care to children from birth up to 18 years of age. Founded in 1921, TSRHC provided treatment free of charge until October 2012, when it began accepting reimbursement. The hospital's mission, has remained consistent throughout its 98-year history—that is, to provide the highest quality care available for children, within its scope of services, regardless of the family's ability to pay.

TSRHC provides a financial assistance program for those families who are uninsured, underinsured and/or are unable to pay for their health care. Families that meet the eligibility criteria may qualify for free or discounted care.

As a leading pediatric orthopedic center, the hospital has treated more than 275,000 children since its inception, with more than 45,000 clinic visits each year. All of our orthopedic surgeons hold faculty appointments at the University of Texas Southwestern Medical Center and are renowned for extraordinary patient care, outstanding research and teaching of medical students, residents and fellows from around the world. The hospital takes a multidisciplinary approach to care, tailoring treatment to the individual needs of each child and family.

TSRHC practice areas include pediatric orthopedics, neurology conditions related to orthopedic diagnoses, rheumatology, developmental disabilities, dyslexia and other learning problems related to reading, writing and mathematics.

The hospital recognized the need for a patient access point in the fast-growing northern suburbs of the Dallas-Fort Worth Metroplex. The Scottish Rite for Children Orthopedic and Sports Medicine Center opened on October 10, 2018 to serve more children throughout the Metroplex. With this expansion north to Frisco, we are able to continue our mission of giving children back their childhood, by serving more children in more places.

Our mission is to help improve the lives of children by providing quality care for selected orthopedic and related neurodevelopmental and musculoskeletal conditions, as well as specific learning disorders. We strive to improve the care of children worldwide through innovative research and teaching programs.

Our core values are who we are, what we stand for and what we want to become. They are the very heart and soul of this hospital. Behind every decision we make and every direction we journey, our values shape and guide us.



DESCRIPTION OF SERVICES PROVIDED BY TSRHC

ORTHOPEDIC CONDITIONS

In addition to general pediatric orthopedic services, the pediatric orthopedic services for which patients are primarily referred to TSRHC are described below:

SCOLIOSIS AND SPINE DISORDERS

Scoliosis is a progressive condition causing spine to curve or twist into a “C” or “S” shape. Signs and symptoms of scoliosis include uneven shoulders, a prominence of the shoulder blade and waistline discrepancies. Scoliosis is reported to affect two to three present school-age children. It appears most often in adolescent girls (usually between the ages of 10-15) and has shown a tendency to run in families, though the causes of a majority of cases (80-85%), called idiopathic scoliosis, are not known. Other, often more complex forms of the condition include early-onset scoliosis, which can be present at birth. Occurrences before the age of 5 affect boys more than girls.

CLUBFOOT AND FOOT DISORDERS

Clubfoot is a congenital disorder in which the foot is severely turned inward and pointed downward. It is one of the most common pediatric musculoskeletal conditions requiring referral to a pediatric orthopedic surgeon. Half of all patients affected have involvement of both feet. If left untreated, the foot deformity can make shoe wear problematic, and walking can become painful over time. TSRHC provides care to pediatric patients suffering from clubfoot and other foot disorders such as flat feet (Pes Planus), extra toes, toe deformities, tarsal coalitions, high arched feet (Pes Cavus), congenital vertical talus and metatarsus adductus.

LIMB LENGTHENING

Limb length discrepancies, also known as limb length differences, can be present at birth or may develop during childhood. Certain birth defects can result in one limb being underdeveloped and

shorter than the other. Severe bone infections can cause one limb to grow at a different rate than the other. Traumatic injuries can also cause one limb or bone to grow slower than the others. Neurological disorders, such as cerebral palsy or spina bifida, can also result in limb length discrepancies.

HAND AND UPPER LIMB DISORDERS

Hand and upper limb disorders may include those present at birth as well as those resulting from trauma or related to other conditions such as nerve and skeletal injuries, limb disorders due to cerebral palsy, growth disorders in the upper limbs, amputated hands and upper limbs and juvenile arthritis. Congenital (a condition present at birth) conditions like missing hands and limbs, extra fingers (polydactyly), webbed fingers (syndactyly), missing fingers (symbrachydactyly), abnormal thumbs and limited movement of stiff joints (arthrogryposis), as well as all types of congenital deformities of the hand and upper limbs, are just some of the hand and upper limb disabilities treated at TSRHC.

HIP DISORDERS

There are many forms of hip disorders such as developmental dysplasia of the hip, Legg-Perthes and Slipped Capital Femoral Epiphysis (SCFE). Legg-Perthes, or Legg-Calvé-Perthes Disease, is a condition where blood flow to the hip is compromised, and the ball at the top of the thighbone is injured temporarily. Legg-Perthes can cause pain in the hip and typically develops in children 4–9 years of age.

SPORTS MEDICINE

Sports medicine at TSRHC is a comprehensive practice specializing in the treatment of young and growing athletes. Physicians assess and treat acute and chronic sports-related injuries, including growth plate injuries and sports-related concussion. For concussions, we provide neurocognitive baseline and post-injury testing. We have unparalleled experience treating concussions, stress fractures, and knee, shoulder, elbow and hip injuries in young and growing athletes. Pediatricians, pediatric orthopedic surgeons, physical therapists, athletic trainers, psychologists and others work side by side with each athlete, their parents and coaches to develop the best plan for recovery. Our providers offer both operative and nonoperative treatment options for sports injuries, including minimally invasive surgical techniques with advanced arthroscopic surgery.

OTHER PEDIATRIC ORTHOPEDIC SUPPORT SERVICES AND SERVICES FOR OTHER DIAGNOSED CONDITIONS

TSRHC provides care for children who suffer from dyslexia and learning disorders; fractures; as well as pediatric developmental disabilities, neurologic conditions, rheumatologic conditions, and psychological conditions treated in addition and/or related to other orthopedic conditions.

LUKE WAITES CENTER FOR DYSLEXIA AND LEARNING DISORDERS

Dyslexia is a learning disorder that affects approximately ten percent of children. Those diagnosed with dyslexia have trouble connecting sounds to letter symbols. This affects the way children with dyslexia learn to read and spell. Fortunately, major strides have been made in understanding the

language-based disorder, many of them at TSRHC. Children with dyslexia can learn to read and be successful despite their learning differences. The center provides evaluation and diagnosis for children with academic learning disorders, as well as specialized treatment for those with dyslexia. Additional services include dyslexia therapist training, educational outreach and research.

FRACTURE CLINIC

TSRHC's Fracture Clinic specializes in the diagnosis, management and treatment of new fractures. Fracture is the medical term for a broken bone. Children and teenagers are not just small adults; their growing bones have special needs and require careful attention to avoid potential complications. We are experts in evaluating growing bones and knowing how they will respond to injuries.

PEDIATRIC DEVELOPMENTAL DISABILITIES

The Pediatric Developmental Disabilities department at TSRHC provides care for patients whose orthopedic problems are accompanied by other pediatric medical conditions. Developmental disabilities is a broad term used to describe a variety of conditions that children are born with or acquire. Children with developmental disabilities often have physical, social, learning or behavioral challenges. Some of the pediatric developmental disabilities seen at the hospital associated with orthopedic conditions include spina bifida, cerebral palsy (limited to related orthopedic conditions), and certain genetic conditions with orthopedic complications.

The department takes an interdisciplinary approach to providing the best possible family-centered care for these children. Our staff includes physicians whose sub-specialty is neuro-developmental disabilities, dieticians, physical, occupational, therapeutic and respiratory therapists and nurse practitioners. In addition to working with the child, the department focuses on teaching family members about the condition and how they can help the child attain optimal physical, mental and social health.

NEUROLOGY & REHABILITATION MEDICINE

The Neurology and Rehabilitation Medicine department at TSRHC provides care for orthopedic patients who also have related neurological disorders and neuromuscular diseases such as developmental delay, cerebral palsy, brain malformations, epilepsy and other conditions due to brain, spinal cord and peripheral nerve abnormalities. Our hospital has specialized clinics tailored to the specific needs of children with these neurologic conditions.

RHEUMATOLOGY

Rheumatology is devoted to diagnosis and therapy of rheumatic diseases. Rheumatologists deal mainly with clinical problems involving joints, soft tissues, autoimmune diseases, vasculitis and heritable connective tissue disorders. Many of these diseases are now known to be disorders of the immune systems, and rheumatology is increasingly the study of immunology. Arthritis, which means inflammation of a joint (where two or more bones meet), actually refers to more than 100 different conditions that all fall into the category of rheumatology. Arthritis and other rheumatic conditions are diagnosed by stiffness, swelling, pain and limited movement in joints and other

supporting body structures, such as muscles, tendons, ligaments, connective tissues and bones. TSRHC's Rheumatology Clinic treats children with conditions that can cause inflammation in many different parts of the body.

PSYCHOLOGY

The Psychology department is comprised of pediatric psychologists and fellows who have expertise in working with children with complex medical conditions, injuries and rehabilitation. The purpose of the Psychology department is to provide quality psychological intervention and consultation, in collaboration with the medical team, to improve patient care for children and adolescents with health-related conditions and sport injuries. Psychologists work side-by-side with world renowned pediatric orthopedic surgeons; sports medicine physicians, and medical team members to provide care for the whole child. Psychologists coordinate and participate in interdisciplinary health care, related teams, hospital committees and research. Direct services are provided to TSRHC patients, their families, and caregivers on an inpatient and outpatient basis.

ADDITIONAL SERVICES

TSRHC provides a range of additional services for patients to support the medical needs related to their specific condition such as Physical and Occupational Therapy, Therapeutic Recreation, Prosthetics and Orthotics, and Radiology. TSRHC also provides a range of services to support the many other needs of the patient and patient families such as Child Life Services, Family Services and the Family Resource Center.

See Appendix A for additional services provided by TSRHC.

TSRHC'S UPDATE ON ACTIVITIES RESPONDING TO IDENTIFIED NEEDS IN 2016 CHNA

The implementation strategy covering the period October 1, 2016 to September 30, 2019 focused on three priorities to address identified health needs: improve access to health care services, improve child health status, and improve coordination of care. Activities related to action steps are summarized below. TSRHC has either met their goals or is making progress toward meeting their goals for each priority listed.

PRIORITY 1: IMPROVE ACCESS TO HEALTH CARE SERVICES

INCREASE AWARENESS OF OUR FINANCIAL ASSISTANCE PROGRAM

- The hospital has collaborated with outside organizations to increase awareness of our financial assistance program, Crayon Care, and has participated in meetings and informational sessions hosted by the City of Dallas Office of Community Care/WIC Program. The hospital also participated in a collaborative interagency meeting hosted by Region 10 ESC. Both meetings were an opportunity to share resources and information about services the hospital offers within the community.

- The hospital continues to inform and educate local organizations about Crayon Care, including physician offices and medical clinics as well as child-, family- and health-related community groups and clinics that address the needs of underserved populations, such as AGAPE, Los Barrios, MD Kids, MiDoctor and Healing Hands.
- The hospital is an active participant in annual pediatric conferences, such as the Texas Pediatric Society and Pediatric Orthopedic Educational Seminar, where information about Crayon Care is distributed.
- Additionally, Crayon Care information is shared with physicians' offices throughout the Metroplex and beyond. It is also part of the presentations given by hospital staff to provide information to school nurses and clinical staff from a number of independent school districts throughout north Texas.
- The Crayon Care program is also featured in Rite Connection, which is a newsletter distributed electronically to a medical and clinical audience.
- The hospital tagged the Crayon Care application to make it more searchable on our website and created a dedicated drop-down on our "Becoming our Patient" webpage for financial assistance/Crayon Care. The hospital also includes the web address in take-home materials to patient families. Additional links have also been added throughout the website to make access to the Crayon Care application more visible and readily available. This allows increased efficiency for providers and staff to provide financial assistance information and applications to their patients.
- The Crayon Care program has been featured in the hospital's quarterly magazine, Rite Up, which is a free publication that is mailed to more than 300,000 households, which includes patient families.

EXPAND SERVICES THROUGHOUT NORTH TEXAS AND SURROUNDING REGION

- To meet the increased demand for health care services in the rapidly growing northern region of the DFW Metroplex, the hospital constructed a state-of-the-art, 345,000-square-foot, sports medicine and orthopedic facility in Frisco. In its nine months of operations since October 2018, the hospital has served more than 9,900 patients. In addition to sports medicine and orthopedic care, which includes clinic visits and day surgeries, our expansion to Frisco increased community access to multiple medical services. Including the first family room, The Ronald McDonald Family Room, in the Dallas Metroplex. This offers a place of comfort to families while their child is receiving care at our Frisco Campus.
- The additional health care specialties offered at the Frisco campus include a walk-in fracture clinic, a blood lab, a movement science lab, concussion care, psychology and a prosthetics and orthotics department, as well as rheumatology and radiology services, plus sports, occupational and physical therapies.

INCREASE EASE OF ACCESS

- In order to increase patient access to our services, the hospital has been working to reduce wait times for appointments in all services offered.

- Clinic renovations in Dallas allow providers to see more patients, as the hospital increased the number of exam rooms from 18 to 22 and added easy-to-identify icon flags on exam room exteriors and wayfinding signage.
- Opening of the Frisco campus added another access point to a broad range of health care services, as referenced in section “Expand Services Throughout North Texas and Surrounding Region.”
- The hospital eliminated access barriers by removing the physician referral requirement and allowing patients to request an appointment online or by phone for orthopedic services. This began on April 2014 at the hospital’s previous Plano location and February 2017 at the Dallas campus.
- Telemedicine is being piloted for our sports medicine practice, general orthopedics and psychology, beginning in fall 2019.
- Kiosk registration is available in Spanish to increase the ease of access for our Spanish-speaking patient population and their families.
- Patients can access care quickly, efficiently and accurately in both English and Spanish with the implementation of the hospital’s new centralized-scheduling call center, effective September 2019. This more efficient, streamlined call center will simplify the appointment scheduling process and provide patients a more direct connection to TSRHC’s clinical providers.
- Outpatient physical and occupational therapy has been offered at the Dallas campus since April 2019 and at the Frisco campus since its opening in October 2018.

INCREASE PATIENT ACCESS TO INFORMATION

- Utilization of MySRH, an online patient portal for communication between patient and clinician, has enrolled more than 4,700 patients since 2016.
- The hospital provides access to printed and digital information on the conditions we treat through our Christi Carter Urschel Family Resource Center. These resources bring comfort and insight to families who want to learn more about their child’s medical diagnosis and health care needs. A medical librarian and a licensed social worker are available to help patients and families locate information and resources. The resource center staff can also answer questions about community support groups and assistance available from external agencies. Many resources are available in English and Spanish and the hospital also provides translation services to assist in the process when needed.
- The hospital connects patients to organizations that provide care, resources, and assistance such as: Agape Clinic, Los Barrios Unidos, Metrocrest Community Clinic, Catholic Charities, Jewish Family Services of Greater Dallas, Spina Bifida Association, Masonic Home and School of Texas, Parkland, Orthokids.org/POSNA, Texas 211 and ECI/PPCD/Head Start Programs.
- The hospital has a Patient Education Committee focused on creating, updating and providing patients and families with information related to their care. The materials, in

English and Spanish, cover a broad range of medical topics including pre- and post-operative care instructions for specific procedures, prescription medication guidelines and nutrition.

- ➔ The hospital continually refreshes the website based on feedback from patients, physicians and staff to make it more user-friendly and accessible to find information. Updates include a mobile-friendly interface, ability to search within the website using the search bar on the home page, and a “Request Appointment” feature to streamline the referral process for patients, families and physicians.
- ➔ The hospital’s quarterly magazine, Rite Up, which is a free publication that is mailed to more than 300,000 households, which includes patient families. The magazine features current hospital news, research updates and hospital community event information.
- ➔ Providers have access to TSRHC’s e-newsletter, Rite Connection, which features educational information that pediatricians can share with their staff and patients.
- ➔ The hospital’s enhanced social media presence creates access to informative resources for patients, families and providers in a variety of ways, including Facebook Live, the hospital’s YouTube channel of patient education videos and educational blog posts.

INCREASE AWARENESS OF TSRHC THROUGH COMMUNICATION AND OUTREACH EVENTS/PROGRAMS TO EDUCATE THE COMMUNITY ABOUT ITS SERVICES

- ➔ The hospital continues to inform the community about the services offered at TSRHC through community events, community programs and physician relationships.
- ➔ The hospital offers continuing education courses for school nurses within Plano, Frisco, McKinney and Dallas independent school districts and International Leadership of Texas. As of August 2019, the hospital has participated in the Dallas ISD Nurse Educational Conference for three consecutive years. Topics for the conference are chosen based on the nurses’ learning needs and the medical needs of the population served, such as scoliosis screening, fracture, concussion, dyslexia and Crayon Care.
- ➔ The hospital hosts Coffee, Kids and Sports Medicine – a monthly educational lecture series for health care professionals on a variety of pediatric orthopedic and sports-related conditions and treatments. This conference addresses new topics each month, including injury prevention, psychology, hip pain, and other developments in the field. In July 2019, the hospital piloted an online streaming of this conference for physicians to view the program remotely and began posting the conferences online for increased visibility and access.
- ➔ Conference Centers exist on both campuses, which creates an opportunity for community groups to utilize the hospital’s space at no charge and to connect and learn more about the hospital’s services.
- ➔ The hospital hosts the Pre-Brandon Carrell Pediatric Orthopedic Symposium – a program geared toward advancing interdisciplinary knowledge of the field for nurses and allied health staff, so they are equipped with the knowledge to care for the communities they

serve. In addition to internal staff, external allied health and nursing staff are also invited to participate. Topics vary every year based on the learning needs assessment and the previous year's evaluations. Topic categories of the educational conference include evidence-based quality initiatives, research studies and findings, patient experience, advancement in the care for orthopedics, sports injuries, fractures, arthritic disorders, neurological disorders and learning disorders.

- ➔ The hospital, in collaboration with UTSW providers held an educational conference that trained and educated physicians and mid-level providers on how to manage the dyslexia, autism, ADHD patient population.
- ➔ The hospital is active in annual pediatric conferences, such as the Texas Pediatric Society, Pediatric Orthopedic Educational Seminar and Developmental Behavioral Pediatrics that are geared for the local medical community. The Annual Clinical Research Conference is a collaborative offering of local institutions that includes Texas Scottish Rite Hospital for Children, Children's Health, Parkland Memorial Hospital, and UT Southwestern Medical Center. In addition, the hospital takes our commitment to education to an international scale by hosting Controversies in Pediatric Limb Reconstruction, which is an interactive symposium with leaders in the field discussing the latest techniques and controversies.

CONTINUE TO MAINTAIN A CULTURALLY APPROPRIATE ENVIRONMENT

- ➔ In 2018, additional interpreters were added to meet the need of the hospital's culturally diverse patient population. In collaboration with the Translation Interpretation Network by Catholic Charities, the hospital presented training for interpreters in a number of different languages.
- ➔ Educational materials are provided and updated on a regular basis. Staff can access—Let's Learn – informational sessions on Arabic, Spanish and Jewish cultures. Through SRH University, staff can also be trained on behavioral expectations in cultural competency, cultural sensitivity and diversity awareness.
- ➔ All staff are required to take annual online learning courses, in which the topic of cultural sensitivity is included.

INCREASE WAYFINDING SIGNAGE AND INFORMATION BROCHURES IN OTHER PATIENT LANGUAGES

- ➔ Non-text symbols that do not rely on any language have been added to the hospital's signage system, which feature universally recognizable icon symbols to assist with wayfinding.
- ➔ Informational brochures are available in Spanish, including our General Information Brochure and an updated guide to our Christi Carter Urschel Family Resource Center.

PRIORITY 2: IMPROVE CHILD HEALTH STATUS

INCREASE ACCESS TO SUPPORT GROUPS AND INFORMATION ON WELLNESS/HEALTH EDUCATION

- ➔ The hospital identifies families with needs, such as food insecurity, and connects them with the appropriate support and local resources.
- ➔ The hospital has been involved in and has sponsored the Get Kidz Fit Festival, from 2008 to 2019, which is presented by the Dallas Area Coalition for the Prevention of Childhood Obesity. We have also worked with the Mayor's Youth Fitness Initiative Nutrition Education Program in a group effort between TSRHC, Dallas Dietetic Alliance, Dallas Park and Recreation, and the Ruth Collins Diabetes Center of Baylor Scott & White Health.
- ➔ Dietary interns come to the hospital from a variety of programs for a planned experience in developmental nutrition. They rotate from five days to six weeks, dependent upon the program. We meet defined competencies for community and pediatric nutrition as outlined by the Commission for Dietetic Registration. We have had shadow students for one-two day experiences, as well as hosting additional students on a yearly basis for four- to six-week practical experiences for high school students pursuing health care professions.
- ➔ The hospital produces educational patient videos that align with our written patient education handouts. These are accessible through YouTube on our MySRH channel. These informative videos include the hospital's scoliosis series and cover a range of topics, such as injury prevention, physical therapy exercises and general patient education items. Facebook Live episodes also provide education about the conditions we treat, care techniques, injury prevention and a wide variety of hospital resources available to the patients and families we serve.
- ➔ With Spanish ranked as the second primary language of the Dallas-Fort Worth metro area, after English, the hospital employs bilingual social workers and translators to help increase access to information for the Spanish-speaking population. This population includes patients and their families as well as the general public. The latter group is reached through the hospital's participation in health fairs and visits to schools at which Spanish is the primary language, which includes DISD.
- ➔ The hospital conducts ongoing health fairs in Frisco ISD to address topics such as general wellness, nutrition and injury prevention. TSRHC participates in Healthy Kids Day, a Frisco YMCA event that provides wellness information.

INCREASE AND EXPAND ACCESS TO HEALTH EDUCATION THROUGH EXISTING COMMUNITY PARTNERSHIPS

- ➔ The hospital participates in the Dallas-Fort Worth Hospital Council's community task force such as the Healthcare Collaborative for the Community Health Needs Assessment as well as groups that address obesity, mental health, substance abuse and health literacy.
- ➔ The hospital provides newsletters and in-person education to multiple local school districts, such as Dallas, Frisco, McKinney and Plano ISD, for student athletes, athletic trainers and coaches. The hospital is committed to teach our medical residents and fellows

about sideline care and injury prevention to help underserved populations, since many children receive only injury management at their respective school.

- TSRHC's partnership with the Dallas Mavericks Basketball Academy, FC Fast Soccer Academy, World Olympic Gymnastics Academy (WOGA) and Frisco YMCA provide a forum for providers to educate student athletes on injury prevention tips, hydration and nutrition. Independent school districts and school athletic trainers, such as the Frisco ISD, have also partnered with the hospital and rely on TSRHC for required bi-annual training of their athletes. Providers also contribute to sports medicine newsletters and blogs that are distributed to patient families and other clinical partners.
- TSRHC participates in panel discussions, educational programs and conferences regarding injury prevention, nutrition education, concussion and general athletic safety for community recreational sports clubs and teams.

PARTICIPATE IN THE MAYOR'S TASK FORCE ON POVERTY

- The Mayor's Task Force on Poverty focused on housing, transportation and education in Dallas. The hospital was an active participant in the Community Wide Data Initiative Community Council who worked with the Mayor's Task Force on Poverty. The latter was primarily focused on the data component and approaching corporate partners regarding a work plan. This program ended in early 2019.

PARTICIPATE IN GROWING LITTLE MINDS

- Growing Little Minds is a campaign from the DFW Hospital Council that is supported by former Dallas Mayor Mike Rawlings who wanted to educate and raise awareness of the importance of infant brain development during the first year of life to families of North Texas. Parents can be engaged online through educational videos (in both English and Spanish) and community resources. Growing Little Minds continued in 2017 in collaboration with Children's Health, Cook Children's Health Care System, Medical City Children's Hospital, and Texas Scottish Rite Hospital for Children. To date, the campaign has had 43 million media/PR impressions with a reach of more than 300,000 people, and more than 50,000 subscribers on social media. The program concluded successfully in early 2018.

INCREASE THE AVAILABILITY OF EDUCATION FOR CHILDREN WITH DYSLEXIA THROUGH DIAGNOSIS, TEACHING AND TEACHER TRAINING

- TSRHC's Luke Waites Center for Dyslexia and Learning Disorders has collaborated with The University of Texas at Dallas to develop a first-of-its-kind Virtual Therapist Dyslexia Program. This innovative, virtual technology has been years in the making and will make TSRHC's award-winning dyslexia curriculum, "Take Flight," more accessible to children throughout the community. This new technology will also drastically reduce the required teacher-training time, keeping instructors in their classroom rather than ours.
- The Luke Waites Center for Dyslexia and Learning Disorders provides numerous community services related to dyslexia through learning disability evaluations, two-year

dyslexia intervention for students in the dyslexia lab, two-year therapist training for Texas public school teachers in dyslexia intervention curriculum (“Take Flight”), and monthly workshops for parents of children with dyslexia (“Dyslexia 4-1-1”).

- ➔ From 2016-2018, the Luke Waites Center for Dyslexia and Learning Disorders has worked with 129 trainees from 54 school districts.
- ➔ The Luke Waites Center for Dyslexia and Learning Disorders successfully partnered with Frisco ISD to enable them to launch their own dyslexia program.

CONTINUE TO PROVIDE INFORMATION TO FAMILIES ON WELLNESS ACTIVITIES

- ➔ As referenced in section “Increase Access to Support Groups and Information on Wellness/Health Education” of this document, the hospital has been involved in and has sponsored the Get Kidz Fit Festival, from 2008 to 2019, which is presented by the Dallas Area Coalition for the Prevention of Childhood Obesity. We have also worked with the Mayor’s Youth Fitness Initiative Nutrition Education Program in a group effort between TSRHC, the Dallas Dietetic Alliance, Dallas Park and Recreation, and the Ruth Collins Diabetes Center of Baylor Scott & White Health.
- ➔ As mentioned in section “Increase and Expand Access to Health Education through Existing Community Partnerships” of this document, TSRHC’s partnership with the Dallas Mavericks Basketball Academy, FC Fast Soccer Academy, WOGA and Frisco YMCA provide a forum for providers to educate student athletes on injury prevention tips, hydration and nutrition.
- ➔ In collaboration with the Rotary Club of Dallas, the hospital hosts the annual Bike Rodeo and Child Safety Day on our Dallas campus. The event is free and open to the public. It is designed for children in the community to learn about bike safety, fire safety and more in a fun, family-friendly environment. Each participating child receives safety information, a bike helmet and healthy snacks.
- ➔ The Frisco facility has an adjacent U-11 soccer field that is used for education purposes, such as group rehab sessions, injury prevention demonstrations and coaching clinics.
- ➔ TSRHC actively promotes wellness in the community by providing all-inclusive playgrounds with adaptive play equipment and shaded areas for family gatherings, which are open to the general public at no cost. In addition, there is a half-mile walking and running trail that ties in to other local trails in Frisco, which is open to the community for their use.
- ➔ From 2016-2019, we have created numerous new patient education pieces, such as Return to Sports, Sports Concussion, Spinal Screening for Scoliosis, Daily Calcium Guide for Strong Bones and other informative topics. Additionally, a theme has been developed around “The Rite Way” – Warm Up; Cool Down; Hydrate; Nutrition and Sun Safety.
- ➔ The hospital updates patient/parent educational resources related to infant care about birth fractures, hip dysplasia, clubfoot and brachial plexus to surrounding Baylor Scott & White NICU locations.

- ➔ In addition to the services referenced in section “Increase Patient Access to Information” of this document, the hospital’s Christi Carter Urschel Family Resource Center keeps both patient and non-patient families informed about wellness activities available through the hospital as well as those sponsored by other agencies and organizations within the community.

CONTINUE TO PARTICIPATE IN THE TEXAS OFFICE FOR PREVENTION OF DEVELOPMENTAL DISABILITIES

- ➔ The hospital has been a long time active participant in the Texas Office for Prevention of Developmental Disabilities (TOPDD), which now exists as Strategic Health Alliance, a program of the Texas Center for Disability Studies that is a center within the College of Education of the University of Texas at Austin. Bike Rodeo and Children Safety Day originated from TOPDD as described in section “Continue to Provide Information to Families on Wellness Activities” of this document, to educate and prevent head injuries, bike and fire safety.

PRIORITY 3: IMPROVE COORDINATION OF CARE

IMPROVE CONTINUITY OF CARE THROUGH UTILIZATION OF ELECTRONIC HEALTH RECORD (EHR)

- ➔ The hospital continually upgrades its electronic health record system, Epic®. A recent update, called Care Everywhere®, allows Epic® system users, like our hospital, to seamlessly exchange patient orders, results, diagnoses, problem lists, procedures and other valuable patient care-related data. Information from other facilities is marked as such and made readily available to the provider. This exchange happens within the Epic HyperSpace® environment. SRHEpicLink allows non-Epic providers to access patient information from Epic® customers, which is accomplished via web browser. External providers are able to communicate with TSRHC providers, review orders, results, progress notes and more. The hospital plans to implement additional features before the end of 2019, including but not limited to, placing orders and referring patients.
- ➔ Approximately 400 patient education topics were authored and approved by TSRHC staff in both English and Spanish. Topics were converted to HTML and migrated into Epic®, so they can be easily incorporated into user-friendly, PDF version, after-visit summaries. These easy-to-read documents allow the hospital to improve the continuity of care by avoiding transcription and medication administration errors.
- ➔ The Epic® discharge planning process generates comprehensive discharge paperwork with information from the current visit and future recommendations. Discharge planning enables the hospital to identify a patient’s primary caregiver after discharge as well as a patient’s anticipated functional status, equipment needs, care needs, disposition and ability to provide self-care. Providers can access patient charts from a centralized location within Epic® and document any follow-up recommendations based on a patient’s identified needs.

- The Ambra Portal was implemented in May 2019 within the Picture Archiving Computer System (PACS). The Ambra Portal is used to obtain electronic radiology images from outside facilities. Physicians can use these images to compare information and have a comprehensive view of the patient's condition.

ENHANCE COMMUNICATION AND COORDINATION WITH PHYSICIANS REFERRING PATIENTS TO TSRHC

- Additional physician outreach personnel were added to implement a quarterly plan based on focused topics, education and services. It also increased the geographical area we cover to raise awareness about services we offer.
- The hospital is in the process of purchasing and implementing physician relationship management (PRM) software that will allow us to distribute communication, such as educational materials, treatment offerings, upcoming events and services we offer, directly to the providers.
- We are continuing to improve the care coordination process with referring providers. To that end, a focus has been placed upon communicating a patient's follow-up care information to the referring provider in the most timely, accurate and efficient manner possible. RiteFax is digital faxing that was implemented for Epic® that allows us to send and alert users when they receive faxes.

CONTINUE TO IMPROVE THE PATIENT EXPERIENCE

- Real-Time by NRC Health is a new tool used to measure outpatient satisfaction regarding their hospital experience. It was implemented in May 2018 to our outpatient clinics and in our outpatient surgery centers on both campuses in November 2018. This program allows us to receive real-time data quickly and develop action plans based on the feedback we received.
- The role for Director of Patient Experience was formalized in August 2018 to focus on the patients' and families' experience during their time at the hospital. Areas of strength and opportunities were identified with the patient voice as the primary focus. Since formalizing this role, the hospital has initiated priorities and programming surrounding the hospital's culture and core values, clinic wait time communication, transition planning, incoming call management and cultural sensitivity.
- The hospital started the Patient Service Lead Program to help reduce patient waiting room times through a proactive communication process. Volunteers track patient wait times. If there appears to be an issue, the designated patient service lead, who is trained in AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) is dispatched. The AIDET lead communicates and responds appropriately to the patient families. Post-visit, a Patient Experience team member will follow up with patient families who expressed a longer-than-expected wait time and generate feedback for improvement. The hospital continues to look for opportunities to reduce wait times and provide a better patient experience.
- For four consecutive years from 2015-2018, the hospital won the NRC Health Excellence Award for Top Performing Facilities in Children's Hospital.

- The hospital opened The Ronald McDonald Family Room in 2018 – the first Family Room in the Dallas Metroplex. It comfortably accommodates 25 people and offers a place of temporary respite, relaxation and comfort to families with children receiving outpatient care at our Frisco campus. Research shows that parents who stay onsite during their child’s treatment have better communication with and increased access to their child’s medical team. This results in improved rates in the parent’s/guardian’s adherence to post-treatment and at-home care protocols. Families with access to a Ronald McDonald Family Room report a better overall clinical experience.

CONTINUE TO USE HOSPITAL PROGRAMS TO ENHANCE THE ENVIRONMENT OF CARE

- SRH University is a hospital staff development program that provides opportunities to sharpen professional skills, improve physical and emotional health, and enhance behaviors that support our core values and patient experience. Thus, strengthen the hospital overall. This program includes continuing clinical education, communication skills, training in plain language codes, fire safety, general safety, electrical safety, workplace violence, hazardous materials, Spanish language classes and emergency preparedness.
- The hospital has established a set of core values for the staff, which preserves and continually promotes a positive workplace culture. This program is referred to as CARE RITE. TSRHC conducts staff focus groups and facilitates conversations on an ongoing basis about behavioral expectations for hospital team members. The hospital unites the staff through a shared commitment to our CARE RITE core values and mission statement.
- The hospital converted to a Plain Language Code System, which presents clearer communication to staff and patients, reduces errors, aligns with national safety recommendations and promotes safety among visitors and staff.
- TSRHC has implemented Schwartz Rounds, which is an open group discussion for clinical and non-clinical staff. The program encourages staff to speak openly about issues or points of concern, such as staff burnout and coping as a form of support
- The Orthotics & Prosthetics departments along with our medical staff have worked on developing Apps that are available to iPhone and Android users. The Brace Rite™ app helps patients, who are prescribed prosthetic devices for scoliosis and clubfoot understand their brace wear time and share that with their doctors. This is accomplished with a Bluetooth sensor that is worn inside the brace.
- In January 2018, the neuromuscular-syndromic scoliosis clinic (NSP Clinic) was launched. It is a multidisciplinary team that coordinates care for neuromuscular patients undergoing surgery to ensure the best surgical outcomes. There is a NSP Clinic team huddle at the end of each clinic so all team members can learn about a patient’s plan of care, any concerns prior to surgery and anything that is needed prior to surgery. The clinic has reduced surgical site infections, improved the pre-admission and discharge process, and reduced time to surgery by 50 percent.
- A multidisciplinary team that manages patients with cerebral palsy is led by a staff neurologist, an orthopedist and a developmental pediatric physician. Weekly combined

clinics allow for the comprehensive assessment of ambulatory and non-ambulatory children by orthopedics, neurology, developmental pediatrics, physical and occupational therapy, orthotics, psychology, and child life professionals. Bi-monthly conferences bring all providers together to discuss challenging cases and research projects.

- ➔ The hospital formed an Opioid Task Force in June 2018, in response to America’s opioid crisis and recent data that demonstrates that the fourth leading prescribers of opioids are orthopedic surgeons. This multidisciplinary group was formed to evaluate prescribing practices within our institution. The team included representation from our physicians, nurses, pharmacy, and quality improvement. Initial aim(s) were to reduce variation in opioid prescribing practices among providers following Posterior Spinal Fusion (PSF) in Adolescent Idiopathic Scoliosis (AIS) and Juvenile Idiopathic Scoliosis (JIS) patients. The group developed and implemented a standardized discharge regimen for opioid prescriptions in conjunction with pharmacist-led family education at the time of discharge.
- ➔ Daily operations huddle is a collaborative team effort that gathers a cross-functional group of clinical and non-clinical personnel together in order to improve communication across departments regarding patient safety, quality of care, and overall flow and efficiency of day-to-day operations.

EXPAND THE REACH OF RESOURCES FOR PROVIDING CARE OUTSIDE OF TSRHC

- ➔ In addition to the points mentioned in sections “Increase Patient Access to Information” and “Continue to Provide Information to Families on Wellness Activities” of this document, from 2016-2018, our Christi Carter Urschel Family Resource Center has assisted more than 2,700 non-patients/former patients in locating resources and care from external sources. These measures are taken to help patients and families address needs that fall outside of the scope of the hospital’s services. Our medical consult coordinators also received and processed more than 6,100 referrals.

FOR PATIENTS WITH LONG-TERM/RECURRING NEEDS, PROVIDE ASSISTANCE WITH TRANSITIONING TO ADULT CARE

- ➔ Transitional care packets are currently being developed for all patients. The hospital is piloting the transitional care packets with the Tuberous Sclerosis Complex population. This task force was formalized in April 2019.
- ➔ In 2016-2018, we have had 600 transition referrals. The health care providers we transition our patients to include Parkland Hospital, The Carrell Clinic, AGAPE and Los Barrios.

COMMUNITY SERVED BY TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN

The community served by TSRHC can best be defined by understanding its patient population and clinical focus. TSRHC is a 501(c)(3) specialty hospital located in Dallas, Texas, which treats pediatric orthopedic and related arthritic and neurological disorders. TSRHC provides premiere pediatric orthopedic services for children from birth up to 18 years of age (5 to 15 years of age for dyslexia services).

Many providers at TSRHC receive referrals from physicians and children's hospitals in the primary service area because the patient's condition is either too acute, or in some cases so rare, the referring facility does not have adequately trained or experienced staff to provide the necessary care.

The hospital has a process to determine if TSRHC is the appropriate facility to meet a child's clinical needs. The process begins with a telephone call, request through the website, referral from a physician, or an application for services. An internal mechanism is utilized to determine if TSRHC can appropriately meet the needs of the patient through one of its service lines when the child's diagnosis is not a clear cut orthopedic condition. When TSRHC is unable to provide services, TSRHC, as part of its care coordination services, identifies referral resources that are provided to the family.

DEFINED GEOGRAPHIC COMMUNITY

A community is defined as the geographic area from which a significant number of patients utilizing hospital services reside. TSRHC patients collectively come from a large geographic area that includes the majority of the state of Texas as well as other locations across the United States. Given the specialty nature of the services offered by TSRHC, discharges were reviewed at a detailed level, which includes inpatient surgery discharges, outpatient surgery discharges and clinic visits.

Based on the patient origin of inpatient discharges and outpatient visits from October 1, 2017, through September 30, 2018, management has identified its CHNA community to include the 13 counties in Texas as summarized on the exhibit on the following page. The aggregate patient discharges and visits from these counties, summarized in *Exhibit 1*, represents over 81% of the total patient discharges and visits. While TSRHC serves patients across a broader region, the defined CHNA Community represents the geographic region where a significant number of patients reside.

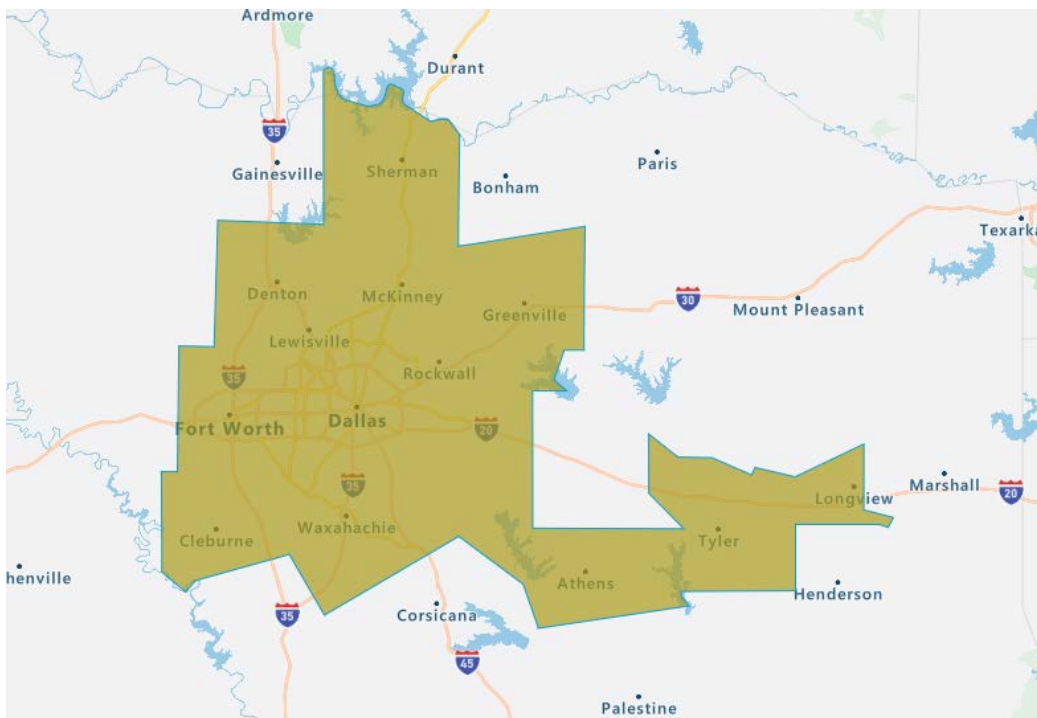
Exhibit 1 summarizes the percentage of discharges and visits for the year ending September 30, 2018.

Exhibit 1
Percentage of Discharges and Visits

County	Percent Discharges and Visits	County	Percent Discharges and Visits
Dallas	33.44%	Grayson	1.28%
Collin	17.40%	Gregg	1.02%
Denton	12.23%	Hunt	0.95%
Tarrant	5.97%	Henderson	0.62%
Ellis	2.30%	Johnson	0.61%
Kaufman	2.27%	CHNA Community	81.37%
Rockwall	1.78%	Total Other	18.63%
Smith	1.50%	Total	100.00%

Source: Texas Scottish Rite Hospital for Children

The following map geographically illustrates the TSRHC's CHNA community.



COMMUNITY POPULATION AND DEMOGRAPHICS

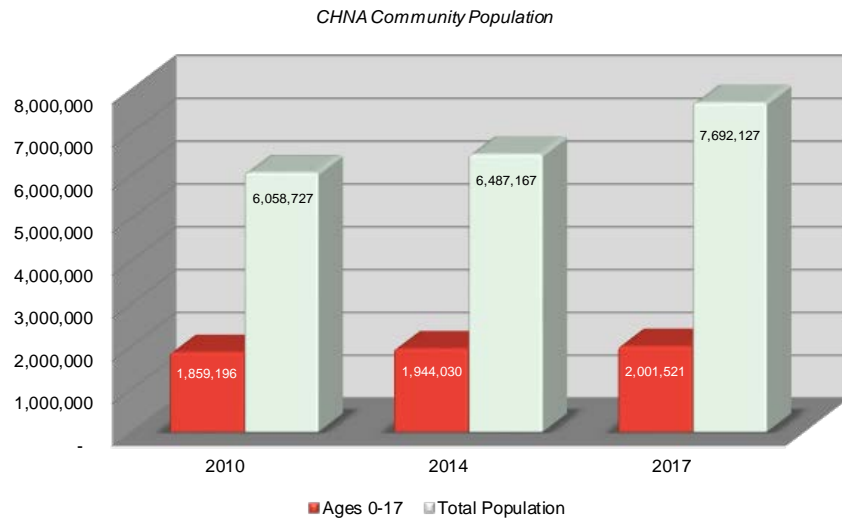
Exhibit 2 below shows population of children ages 0–17 in the primary service area. Collin and Denton counties have experienced greater than 10% growth since 2010, while Henderson County is the only county that has experienced negative growth.

Exhibit 2
Children Ages 0-17

County	2010	2014	2017	Percent Increase/Decrease (2010 to 2017)
Collin	224,677	239,214	254,625	13.33%
Dallas	654,263	686,093	710,653	8.62%
Denton	182,260	197,978	206,431	13.26%
Ellis	43,315	43,015	44,814	3.46%
Grayson	29,132	28,946	30,312	4.05%
Gregg	31,021	31,760	31,907	2.86%
Henderson	17,842	18,050	17,528	-1.76%
Hunt	21,419	21,954	21,781	1.69%
Johnson	41,149	41,796	43,739	6.29%
Kaufman	29,754	30,346	31,469	5.76%
Rockwall	23,507	24,257	25,424	8.16%
Smith	53,796	54,538	56,162	4.40%
Tarrant	507,061	526,083	526,676	3.87%
CHNA Community	1,859,196	1,944,030	2,001,521	7.66%
State of Texas	6,811,323	7,149,632	7,304,633	7.24%

Source: Texas Demographic Center

The child population ages 0–17 was compared to the total population in the CHNA community. The child population has increased in step with the total population from 2010 to 2017.



Source: Texas Demographic Center

Exhibit 3 shows the population by ethnicity and race for children (ages 0–17) and adults in the CHNA community. The black non-Hispanic population makes up 15.49% of the adult population and 15.63% of the child population; the adult Hispanic population makes up 30.44% of the population and 39.4% of the child population.

Exhibit 3
Child and Adult Population by Ethnicity - 2016

County	Adult - Anglo	Child - Anglo	Adult - Black	Child - Black
Dallas	27.17%	16.43%	22.27%	21.76%
Collin	56.91%	48.82%	9.38%	9.31%
Denton	57.87%	49.09%	9.01%	8.72%
Tarrant	45.77%	34.26%	15.43%	16.22%
Ellis	61.18%	51.40%	9.13%	9.23%
Kaufman	65.51%	56.96%	10.56%	9.98%
Rockwall	70.38%	63.65%	6.25%	5.97%
Smith	57.65%	45.75%	17.41%	17.46%
Grayson	74.53%	62.85%	5.60%	6.30%
Gregg	55.45%	42.15%	19.24%	20.08%
Hunt	69.77%	57.66%	8.26%	8.54%
Henderson	77.60%	65.94%	6.09%	6.46%
Johnson	71.22%	62.08%	2.88%	2.64%
CHNA Community	45.24%	34.44%	15.49%	15.63%
State of Texas	41.27%	30.86%	11.55%	11.44%

County	Adult - Hispanic	Child - Hispanic	Adult - Other	Child - Other
Dallas	42.58%	53.39%	7.99%	8.42%
Collin	17.47%	21.84%	16.24%	20.03%
Denton	21.76%	27.83%	11.36%	14.37%
Tarrant	30.49%	39.45%	8.31%	10.08%
Ellis	26.98%	35.55%	2.71%	3.82%
Kaufman	20.44%	27.73%	3.49%	5.33%
Rockwall	18.14%	23.74%	5.23%	6.64%
Smith	21.10%	31.13%	3.84%	5.66%
Grayson	14.41%	22.44%	5.46%	8.41%
Gregg	21.36%	31.70%	3.95%	6.07%
Hunt	17.47%	27.64%	4.51%	6.16%
Henderson	13.43%	22.47%	2.89%	5.12%
Johnson	22.22%	30.19%	3.68%	5.09%
CHNA Community	30.44%	39.40%	8.83%	10.53%
State of Texas	40.45%	50.03%	6.73%	7.67%

Source: Texas Demographic Center, University of Texas at San Antonio

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community health, including household income and poverty, employment, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Texas and the United States. Health access indicators by zip code were also reviewed.

HOUSEHOLD INCOME AND POVERTY

Exhibit 4 presents economic indicators for the CHNA community. Median household income for the CHNA community exceeds Texas rates. However, there are large disparities in income among the CHNA community, which ranges from \$44,500 to \$98,442, with the higher income areas in the northeast. Over 325,000 children live in poverty in the CHNA community and the percentage of children living in poverty is 16.5%.

Exhibit 4
Economic Indicators

County	Median Household Income (2017)	Percent of Children under 18 in Poverty (2017)	# of Children under 18 in Poverty (2017)	Number of Public School Children Participating in Free and Reduced Lunch (2013-2014)
Dallas	\$ 56,732	22.1%	151,187	272,780
Collin	\$ 95,394	6.2%	15,669	31,456
Denton	\$ 86,462	7.8%	16,283	30,673
Tarrant	\$ 65,021	17.1%	92,592	153,253
Ellis	\$ 71,512	12.4%	5,676	12,108
Kaufman	\$ 65,942	12.8%	4,286	9,851
Rockwall	\$ 98,442	6.8%	1,786	4,473
Smith	\$ 54,044	20.0%	11,091	18,148
Grayson	\$ 54,431	19.2%	5,918	9,599
Gregg	\$ 47,208	23.6%	7,413	10,974
Hunt	\$ 53,421	22.7%	5,004	6,772
Henderson	\$ 44,500	26.2%	4,479	5,193
Johnson	\$ 61,813	15.4%	6,586	13,120
CHNA Community		16.5%	327,970	578,400
State of Texas	\$ 51,195	21.0%	1,525,944	2,392,551

Source: Texas KIDS COUNT at the Center for Public Policy Priorities

Exhibit 5 presents the median income of the provider service area between 2005 and 2017. The median income shows an upward trend in all counties except for Gregg County, which experienced a slight decline in income between 2014 and 2017.

Exhibit 5
Median Household Income

County	2005	2010	2014	2017	Trend 2005 - 2017
Dallas	\$ 42,791	\$ 46,909	\$ 50,118	\$ 56,732	
Collin	\$ 71,419	\$ 77,862	\$ 86,634	\$ 95,394	
Denton	\$ 61,825	\$ 68,671	\$ 74,569	\$ 86,462	
Tarrant	\$ 49,167	\$ 52,482	\$ 58,127	\$ 65,021	
Ellis	\$ 51,657	\$ 57,929	\$ 40,081	\$ 71,512	
Kaufman	\$ 49,996	\$ 56,899	\$ 57,585	\$ 65,942	
Rockwall	\$ 73,987	\$ 81,113	\$ 84,692	\$ 98,442	
Smith	\$ 39,267	\$ 44,249	\$ 45,363	\$ 54,044	
Grayson	\$ 39,655	\$ 44,356	\$ 49,261	\$ 54,431	
Gregg	\$ 37,436	\$ 41,623	\$ 50,020	\$ 47,208	
Hunt	\$ 40,796	\$ 41,841	\$ 43,385	\$ 53,421	
Henderson	\$ 33,993	\$ 37,137	\$ 40,921	\$ 44,500	
Johnson	\$ 45,407	\$ 52,360	\$ 55,926	\$ 61,813	
State of Texas	\$ 42,165	\$ 48,622	\$ 53,067	\$ 51,195	

Source: Texas KIDS COUNT at the Center for Public Policy Priorities

INSURANCE COVERAGE

Exhibit 6 reports the percentage of children ages 0–18 without medical insurance, as well as the Medicaid enrollment for children ages 0–18. The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. The uninsured child population in the CHNA community is comparable to the uninsured child population in Texas as a whole. Medicaid enrollment for children in the CHNA Community is 36.6% compared to 40.7% for the State of Texas.

Exhibit 6
Insurance Coverage for Children

County	Children 0-18 Without Medical Insurance (2016)	Percent of Children 0-18 Without Medical Insurance (2016)	Medicaid Enrollment (0-18) (2015)	Percent Medicaid Enrollment (0-18) (2015)
Dallas	76,435	10.8%	350,276	48.2%
Collin	17,777	6.7%	41,010	15.8%
Denton	13,375	6.2%	42,423	19.5%
Tarrant	49,533	8.8%	208,163	37.3%
Ellis	5,012	10.6%	14,800	32.2%
Kaufman	3,153	9.3%	11,230	34.6%
Rockwall	2,392	8.9%	4,532	17.2%
Smith	5,104	8.9%	23,984	41.3%
Grayson	3,764	11.8%	12,469	40.7%
Gregg	3,334	10.1%	15,541	46.4%
Hunt	2,454	10.8%	9,684	41.4%
Henderson	1,964	11.0%	9,062	47.3%
Johnson	4,783	10.7%	16,159	36.3%
CHNA Community	189,080	9.2%	759,333	36.6%
State of Texas	735,079	9.7%	3,024,502	40.7%

Source: Texas KIDS COUNT at the Center for Public Policy Priorities

CHILDREN IN SINGLE-PARENT FAMILIES

Exhibit 7 reports the percent of children in single-parent homes. For most counties in the CHNA community, the number of children in single-parent's homes has decreased since the 2010 to 2014 time period.

Exhibit 7
Children in Single Parent Families

County	2006-2010	2010-2014	2013-2017	Change 2014-2017
Dallas	34%	36%	37%	0.8%
Collin	17%	19%	18%	-1.1%
Denton	19%	21%	21%	-0.4%
Tarrant	29%	30%	31%	0.6%
Ellis	25%	34%	22%	-12.3%
Kaufman	26%	24%	23%	-1.3%
Rockwall	19%	19%	18%	-0.9%
Smith	30%	30%	28%	-2.0%
Grayson	31%	32%	32%	-0.1%
Gregg	34%	39%	34%	-4.8%
Hunt	30%	31%	27%	-4.2%
Henderson	31%	30%	28%	-2.5%
Johnson	24%	26%	25%	-1.2%
State of Texas	24%	31%	30%	-0.7%

Source: Texas KIDS COUNT at the Center for Public Policy Priorities

HEALTH STATUS OF THE COMMUNITY

COMMUNITY HEALTH STATUS

Given the specialized nature of services that TSRHC offers, it is important to review health indicators of certain conditions in which TSRHC specializes. The pediatric orthopedic services for which patients are primarily referred to TSRHC are described below.

Exhibit 8
Rates for Conditions Treated by TSRHC

Condition	Cases	Prevalence
Scoliosis ⁷	*	2%-3% of Adolescent Population (US)
Clubfoot		
Idiopathic Talipes Equinovarus ¹	670 (Texas)	16.51 per 10,000 Live Births (Texas)
Reduction Defects		
Upper Limbs ¹	165 (Texas)	4.09 per 10,000 Live Births (Texas)
Lower Limbs ¹	80 (Texas)	1.98 per 10,000 Live Births (Texas)
Hand and Upper Limb Disorders		
Polydactyly (extra fingers) ⁵	*	1 per 500 Live Births (US)
Syndactyly (webbed fingers) ⁶	*	1 per 2,000 Live Births (US)
Hip Disorders		
Hip Dysplasia ³	*	100 per 100,000 Individuals (US)
Perthes Disease ⁴	*	4 per 100,000 Children (US)
Pediatric Developmental Disabilities		
Spina Bifida ¹	124 (Texas)	3.07 per 10,000 Live Births (Texas)
Cerebral Palsy ²	*	2.3 to 3.6 per 1,000 Children (US)

Source: ¹ Texas Birth Defects Registry, Report of Birth Defects Among 1999-2015 Deliveries; ² <https://www.cerebralpalsy.org/>; ³ <http://www.mdguidelines.com/hip-dysplasia>; ⁴ <http://emedicine.medscape.com/article/1248267-overview#a5>; ⁵ <http://www.childrenshospital.org/az/Site1073/mainpageS1073P0.html>; ⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3308320/>; ⁷ Texas Department of State Health Services, Spinal Screening Guidelines, <http://www.dshs.tx.us/spinal/spinalguide.shtm>.

HEALTH INDICATORS RELATED TO HEALTH NEEDS IDENTIFIED THROUGH PRIMARY DATA

CHILD ASTHMA

According to surveillance data compiled by the Texas Asthma Control Program:

- ➔ In 2016, an estimated 7.0% of children in Texas have asthma. This is a 0.8% decrease from 2012.
- ➔ Asthma prevalence was lower among Hispanic children than among black or white children.
- ➔ For every 10,000 children, about 11 asthma hospitalizations occurred annually. Among black children, 27 asthma hospitalizations occurred; and among children age 0 to 4 years and age 5 to 9 years, an estimated 17 and 15 asthma hospitalizations occurred, respectively.
- ➔ Asthma hospitalizations were more common among boys than among girls.

Exhibit 9
Asthma Prevalence (State of Texas), Children, 0 to 17 Years

	Estimated Number	Percentage of Children
White	188,081	9.2%
Black	84,096	10.7%
Hispanic	164,417	5.1%
Other	43,118	5.4%
Total	479,712	7.0%

Source: Texas Department of State Health Services, 2016 Child Asthma Fact Sheet—Texas

CHILD OBESITY

Texas has the 14th highest adult obesity rate in the nation, and the seventh highest obesity rate for youth ages 10 to 17. Texas's adult obesity rate in 2017 was 33.0%, up from 21.7% in 2000 and from 10.7% in 1990.

Exhibit 10
Childhood Obesity - Texas

	2-4 Year-Old WIC Participants	10-17 Year-Olds	High School Students
Obesity Rate (2017)	14.9%	18.5%	18.6%
Rank Among States	19th	7th	5th

Source: *The State of Obesity - Better Policies for a Healthier America* (Robert Wood Johnson Foundation) - 2017

PRIMARY DATA ASSESSMENT

COMMUNITY INPUT – KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews with persons having knowledge of or expertise in public health, representing vulnerable populations or representing the broad interest of the community is a technique employed to assess public perceptions of the identified CHNA community's ("community") health status and unmet needs. These interviews were intended to ascertain opinions among individuals who are likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

METHODOLOGY

Interviews were performed with 25 key stakeholders in June 2019. Stakeholders were determined based on their specialized knowledge or expertise in public health, their involvement with underserved and minority populations or their affiliation with local government, schools and industry.

Interviews were conducted by BKD personnel. Participants were asked to provide comments related to the following topics: health and quality of life for children of the primary community, underserved populations and communities of need, barriers to improving health and quality of life for children in the community, and opinions regarding the important health issues that affect children and their families including the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form, asking participants a series open ended questions. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

KEY STAKEHOLDER PROFILES

Key stakeholders from the community (see Appendix B for a list of key stakeholders) worked for the following types of organizations and agencies:

- ➔ Texas Scottish Rite Hospital for Children
- ➔ Social service agencies
- ➔ Public health agencies
- ➔ Other medical providers
- ➔ Local elected officials and governmental agencies

KEY STAKEHOLDER INTERVIEW RESULTS

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows.

This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life for children living in the community and to provide their opinion whether the health and quality of life in the community had improved, declined or stayed the same over the past few years.

The majority of key stakeholders stated the health of and quality of life for children in the community was very diverse depending on various factors. These factors include the following:

- ➔ Complexity of the disorders (both physical and mental) requiring a multidisciplinary approach to treatment
- ➔ Level of support within the whole system of care the patient can access
- ➔ Socioeconomic status of patient and patient families
- ➔ Access to care in the community
- ➔ Place of residence in the community

The majority of the stakeholders interviewed responded that the health and quality of life in the community remained the same over the last few years. However, stakeholders indicated health issues related to obesity, mental health issues, nutrition, and respiratory diseases are negatively impacting children's health in the community.

Underserved populations and communities of need

Key stakeholders were asked to identify specific populations or groups of children whose health or quality of life may not be as good as others in the community and why these populations were underserved or in need.

The majority of key stakeholders identified children living with behavioral and mental health needs as being underserved. According to interviewees, the following factors contribute to the behavioral and mental health need:

- ➔ A shortage of providers
- ➔ Many providers do not take insurance or Medicaid
- ➔ Access to services for those individuals living in poverty

Stakeholders identified children living in poverty as being underserved. Lack of financial resources prevents persons with low income from seeking medical care and receiving the resources they need. It also leads to individuals being uninsured and underinsured. Many families may be eligible for federal, state and local programs, but are unaware of the availability of the programs. According to interviewees, the following factors contribute to the need of those living in poverty:

- ➔ Limited access to primary care
- ➔ Limited understanding of health care in the family
- ➔ Limited transportation and communication barriers

Barriers

Key stakeholders were asked to identify barriers or problems that keep families and children from obtaining the necessary health services that would improve child health in their communities. According to interviewees, the following barriers exist in the community:

- ➔ Poverty
- ➔ In-home knowledge and guidance regarding healthy lifestyles
- ➔ Access to healthy foods for those individuals living in poverty
- ➔ Shortage of primary care physicians and primary care physicians who accept Medicaid
- ➔ Transportation
- ➔ Location of health service providers

Lastly, stakeholders identified the following barriers related to accessing care at TSRHC:

- ➔ Lack of familiarity with the services provided at TSRHC
- ➔ Location of service locations

Stakeholders were asked to provide ideas to address the barriers noted above. Recommendations included:

- ➔ Provide education on available resources and insurance programs
- ➔ Establish additional locations for services for TSRHC

Most important health care issues

Key stakeholders were asked to provide their opinion as to the most critical health care issues facing children in the community. The issues identified most frequently identified were:

- ➔ Poverty
- ➔ Obesity
- ➔ Mental and behavioral health
- ➔ Respiratory diseases, including asthma
- ➔ Access to care
- ➔ Coordinated care for chronic conditions

The key stakeholders were also asked to provide suggestions on what should be done to address the most critical issues. Responses included:

- ➔ Development of programs in which children can adopt healthier lifestyle changes and receive the tools needed to be healthy the rest of their lives
- ➔ Increase community education and programs in the area of mental health
- ➔ Increased collaboration among health systems within the community regarding children's health where organizations work together to address children's health needs
- ➔ Develop programs to help educate patients as to the importance of follow-up care
- ➔ Development of a resource directory describing effective resources for families with children with complex health needs, including support services

COMMUNITY INPUT - PATIENT SURVEY AND PATIENT FOCUS GROUPS

To obtain feedback from the patient families, TSRHC conducted a health survey and two patient focus groups.

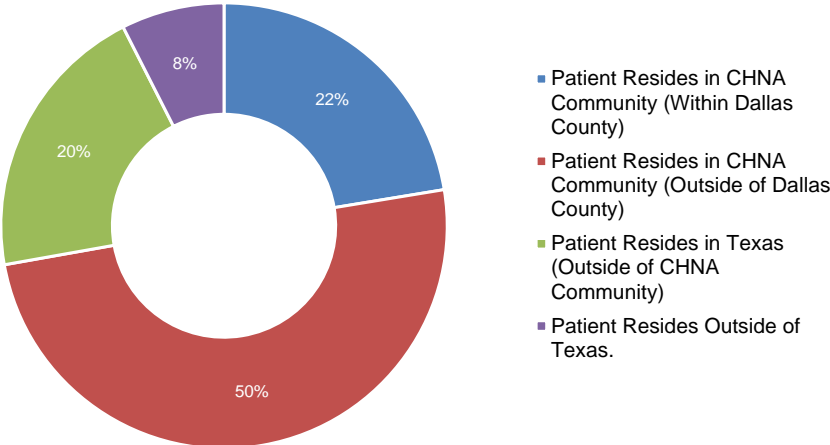
PATIENT SURVEY

The survey was sent via electronic link to selected current and former patients of TSRHC. 247 patient families provided input through the health survey, which was available in both English and Spanish.

Geographic Origin of Survey Respondents

Seventy-two percent of the survey respondents indicated they lived in the CHNA community. Twenty-two percent of the respondents living in the CHNA community reside outside Dallas County.

Where Does the Patient Survey Respondent Reside?



Breakdown of Services Received by Respondents

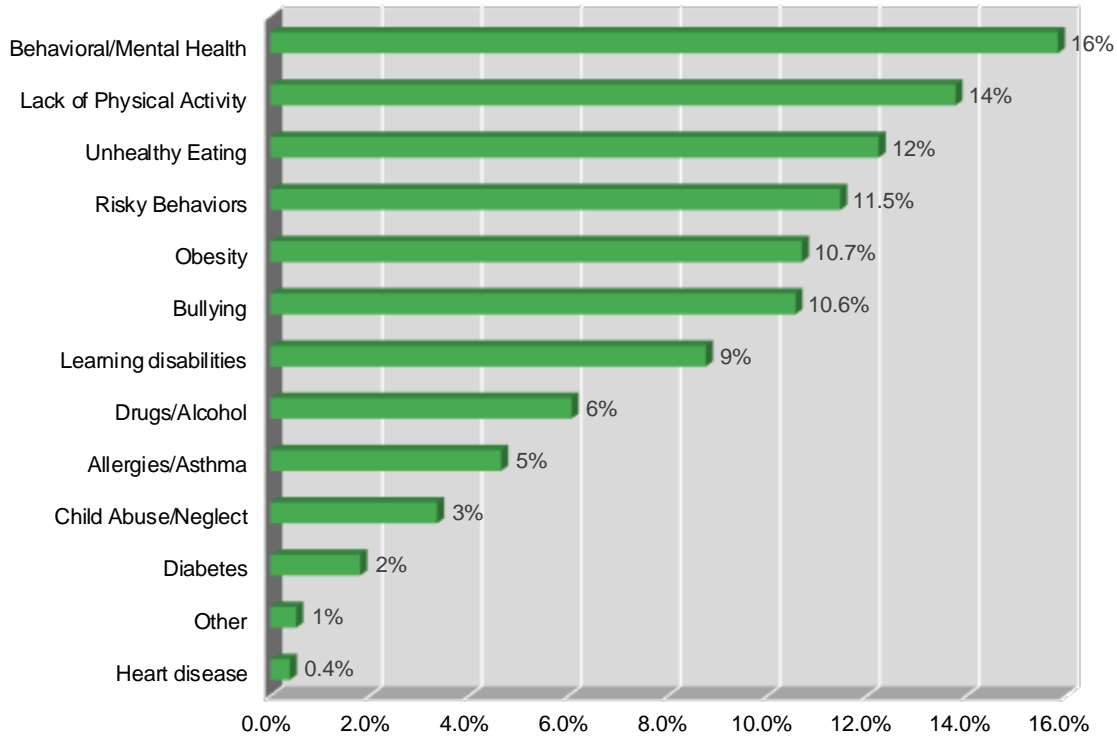
Patients were asked to indicate which services they received from TSRHC. Nearly thirty percent of the survey respondents indicated they had received financial assistance from the hospital. In addition, patients most frequently utilize TSRHC’s care management services including case management, nutrition counseling, therapy, and support group (21%). Only ten percent of the patients surveyed indicated they utilized education resources provided by TSRHC.

Findings

The survey included an assessment of patient’s perceptions regarding challenges to obtaining the necessary medical services they require. The most prevalent challenges indicated by survey respondents were availability of services close to home (29.7%), the affordability of services (18.6%), and financial stress on the family (16.28%).

The survey solicited input from participants regarding the most important health issues impacting children in the community. Behavioral/mental health, lack of physical activity, unhealthy eating, risky behaviors, obesity, and bullying were identified as the most important health issues impacting children in the community.

Most Important Health Issues Impacting Children



When asked opinions regarding the best way to address the issues identified above, the most common response from survey respondents focused on providing education and information to families. Respondents recommended increased education regarding healthy lifestyles for families. Respondents also recommended increased education in schools regarding healthy lifestyles. In addition, a number of respondents indicated there needs to be more access to affordable, healthy food options.

PATIENT FOCUS GROUPS

TSRHC conducted two patient focus groups to solicit input from patients' families regarding the health needs of their children. The patient focus groups were conducted on June 10, 2019 and June 11, 2019 at the TSRHC's Dallas Campus and Frisco Campus. The following questions were utilized to help gather data from the focus group participants.

Given the fact that the patient focus groups represent input from a relatively small sample size, care should be taken with interpreting the responses. However, the thoughts and opinions reflected below provide instructive information as to how TSRHC prioritizes input to best serve patients and patient families.

- ➡ Describe some of the major issues or challenges you and your family face (medical/non-medical) in caring for your child who is a patient of TSRHC?

- What types of barriers exist to improving your child's health and quality of life and what needs to be done to address these issues?
- What other resources (outside TSRHC) do you utilize in addressing the health needs of your child? Which resources are most helpful?
- Describe the strengths of TSRHC and what services could be improved upon.

The following themes were identified by the focus group participants:

- Ensure members of the community are aware of the services offered by TSRHC
- Assist patients and families with their understanding of TSRHC's financial assistance policies
- Manage the rising costs of medical treatment
- Assist in identifying additional mental health practitioners
- Establish practices to help patient families navigate the health care system (services available at TSRHC and other community resources)

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community health needs assessment process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing significant health needs.

The following data was assessed to identify health needs for the community:

SOCIOECONOMIC INDICATORS

- Household Income and Poverty
- Insurance Coverage
- Children Living in Single-Parent Households

HEALTH STATUS INDICATORS RELEVANT TO PATIENTS SERVED BY TSRHC

- Rates for conditions treated by TSRHC
- The number of children in Texas with disabilities
- Rates for health issues identified by stakeholders and patients (Asthma, Obesity)

PRIMARY DATA

- Patient Survey

- Patient Focus Groups
- Key Stakeholder Interviews

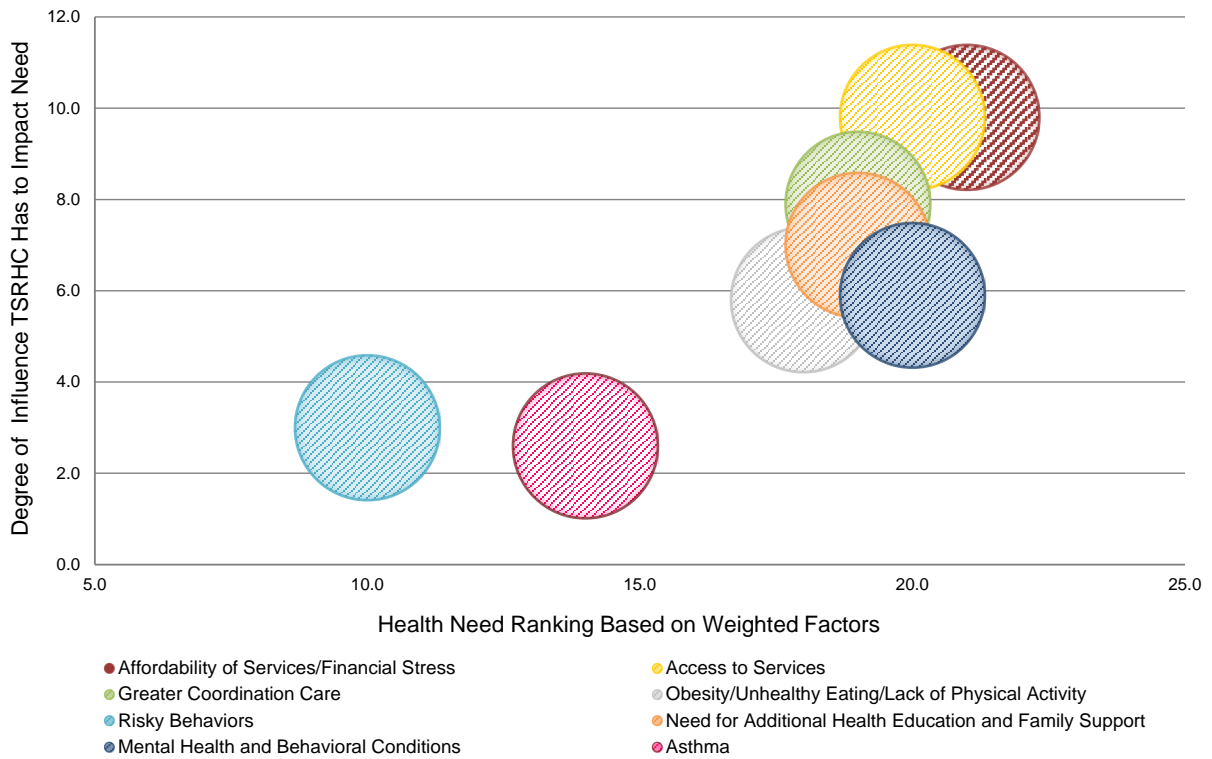
A list of identified needs was developed using findings obtained through the collection of primary and secondary data.

The following factors were used to prioritize the identified health needs:

1. The size of the problem
2. The seriousness of the problem
3. The impact of the issues on vulnerable populations
4. How important the issue is to the community
5. The prevalence of common themes

Significant needs were further reviewed and analyzed regarding how closely the need aligns with TSRHC's mission and strategic priorities and whether or not programs exist (within TSRHC or other community organizations) that are addressing the need. Members of management provided input regarding ratings for the factors described above. Average ratings were calculated and health needs were then charted on the following graph taking into account the perceived importance of the need as well as the perceived degree of influence TSRHC has to impact or respond to the need.

Prioritization of Identified Health Needs



Based on these ratings, the identified community health needs were placed in priority groupings (high, medium, and low).

Priority	Identified Community Health Need
High	▶ Affordability of services/reducing financial stress on families
	▶ Access to services
	▶ Need for greater coordination of care
Medium	▶ Need for additional health education and family support
	▶ Mental health and behavioral conditions
Low	▶ Obesity/unhealthy eating/lack of physical activity
	▶ Asthma
	▶ Risky behaviors (inappropriate use of cell phone and internet, sex, shoplifting, etc.)

Based on the information gathered through this community health needs assessment and the prioritization process described above, management has determined the three priority areas to

address significant health needs for children in the community as illustrated below. Opportunities for health improvement exist in each area. TSRHC leadership will work to identify areas where TSRHC can most effectively focus its resources to have significant impact and develop an implementation strategy for 2020-2022.

Identified Priority	Correlated Community Health Need
Improve Access to Health Care Services	<ul style="list-style-type: none"> ▶ Access to services ▶ Affordability of services/reducing financial stress on families
Improve Child Health Status	<ul style="list-style-type: none"> ▶ Obesity/unhealthy eating/lack of physical activity ▶ Need for additional health education and family support ▶ Risky behaviors (inappropriate use of cell phone and internet, sex, shoplifting, etc) ▶ Mental health and behavioral conditions ▶ Asthma
Greater Coordination of Care	<ul style="list-style-type: none"> ▶ Need for greater coordination of care

COMMUNITY RESOURCES

RESOURCES TO ADDRESS ACCESS TO HEALTH SERVICES

COST OF CARE AT TSRHC

TSRHC Financial Assistance Program – Financial counselors strive to ensure all families are informed and familiar with our program. Based on household income and medical expenses, the program offers care at no cost or significantly discounted cost to eligible families. We continually review the amount of assistance offered under the program.

Information about Crayon Care is provided in several ways. A plain language summary is posted at the registration desks and provided to new patients in registration packets that are given to all patient families at least annually. Crayon Care applications are mailed to families six weeks before scheduled surgeries and admission appointments and are available on request from Family Services counselors. The hospital continues to inform and educate local organizations out in the community about Crayon Care as mentioned in section “Increase Awareness of Our Financial Assistance Program.” Crayon Care policy, application, financial assistance summary, and FAQ are also available at the hospital website, scottishritehospital.org/becoming-our-patient. All families are encouraged to apply. TSRHC also entered into a contractual agreement with a third party to provide insurance enrollment assistance to underinsured/uninsured patients. This

outside agency assesses family needs and attempts to match them with government insurance and/or enrollment into the Marketplace.

REFERRAL TO OTHER PROVIDERS

When TSRHC is unable to provide services, TSRHC identifies external resources that are available to the family. Examples of existing health care programs within the community available to address the identified needs include but are not limited to:

- ➔ Children's Health
- ➔ University of Texas Southwestern Medical Center
- ➔ Cook Children's Medical Center
- ➔ Medical City Children's Hospital
- ➔ Baylor Institute for Immunology Research
- ➔ Texas Child Neurology
- ➔ Athena Diagnostics

LODGING

Many families travel from outside the area to come to TSRHC. Social workers refer families to the Ronald McDonald House ("RMH"), which provides lodging, meals and transportation at very little to no cost. When RMH does not have a vacancy, social workers provide a list of other hotels in the vicinity where families may choose to stay.

Families with Medicaid are able to be reimbursed by Medicaid for lodging in many situations. The hospital website has an extensive list of hotels in the area.

TRAVEL/TRANSPORTATION:

Families with Medicaid are able to be reimbursed by Medicaid for transportation in most situations. Social workers in the TSRHC Family Services Department are available to help families understand and navigate the processes for Medicaid transportation.

TSRHC social workers are able to facilitate airline tickets from Southwest Airlines for families living outside the Metroplex that do not have other resources to help with travel to the hospital for appointments. Southwest Airlines donates ticket vouchers to be used by families with no other means of transportation. If such families can get to a Southwest Airlines hub, social workers will coordinate the trip with the family using the vouchers.

RESOURCES TO ADDRESS CHILD HEALTH STATUS

Social workers and Medical Consult Coordinators help families arrange to receive follow-up care with the services listed below as ordered by the medical staff. Patient families choose their vendor(s) from a list of vendors provided by social workers based on location and the patient's funding source.

WEIGHT MANAGEMENT

TSRHC participates in coalition-led community awareness campaigns and programs that we make patient referrals to, including:

- ➔ The Dallas Area Coalition to Prevention Childhood Obesity (DACPCO) coordinated by the Community Council of Greater Dallas, promotes healthy lifestyles in Dallas area children through physical activity and nutrition. The DACPCO encourages children and families to adopt the daily behaviors in the 5-4-3-2-1 Go![®] Program. TSRHC has been an active partner in DACPCO.
- ➔ Children’s Health in the COACH Clinic – TSRHC supports this program, which was established for children who are diabetic or pre-diabetic. Get Up & Go (formerly LEAN Program) works in conjunction with the COACH clinic and nutrition clinics at Children’s Health to offer a free 10-week weight management program. As TSRHC continues to identify children who would benefit from these programs, the appropriate referrals are made to Children’s Health.
- ➔ Medicaid and Children with Special Health Care Needs (“CSHCN”) programs – These programs also provide support to the TSRHC patients and families and will pay for several visits related to certain weight management issues with a clinical dietician. As children who would benefit from these services are identified, referrals are made.

OUTPATIENT PHYSICAL REHAB

Physical, occupational and/or speech therapy services provided in an outpatient setting are coordinated with these facilities. Examples include but are not limited to:

- ➔ Our Children’s House Dallas
- ➔ Cook Children’s Rehab Services
- ➔ Pediatric Rehab – Wellness Care Centers

HOME HEALTH SERVICES

Skilled care is provided in the patient’s home by nurses, physical therapists, occupational therapists, speech therapists and social workers. Examples include but are not limited to:

- ➔ Angels of Care
- ➔ At Home Healthcare
- ➔ Epic Health Services
- ➔ Just 4 Kidz Therapy
- ➔ Small Hands Big Hearts

DURABLE MEDICAL EQUIPMENT

Patients acquire wheelchairs, walkers, canes, crutches, bathroom equipment, hospital beds, pressure relief cushions and other equipment from outside vendors. Social workers, occupational

and physical therapists coordinate delivery of this equipment with the vendor and the patient's family. Examples include but are not limited to:

- ➔ Angels of Care
- ➔ Travis Medical Supply
- ➔ J&R Medical
- ➔ Universal Med Supply

MEDICAL SUPPLIES

Supplies used for feeding, wound care, respiratory care and/or continence are ordered for families using outside vendors. Examples include but are not limited to:

- ➔ Allumed
- ➔ C&R Medical
- ➔ Angels of Care
- ➔ Apria
- ➔ Healthline Medical, Medco
- ➔ Medical Plus Supply
- ➔ Patient Support Services

TESTING AND SPECIALISTS

Medical Consult Coordinators work with outside providers, facilities and families to schedule tests, procedures (ex: MRIs) and follow-up specialty care (ex: cardiology, urology, nephrology, neurosurgery, genetic counseling, etc.). Examples include but are not limited to:

- ➔ Children's Health
- ➔ Medical City Children's Hospital

MENTAL HEALTH

Families can receive outpatient mental health services if needed. Social workers and/or psychologists help coordinate follow-up care with these facilities. Examples include but are not limited to:

- ➔ Child and Family Guidance Center
- ➔ Jewish Family and Children's Services
- ➔ Richland Oaks Counseling Center
- ➔ The Family Study Center at the University of Texas Southwestern Medical Center

PATIENT EDUCATION

TSRHC's Patient Education is created and maintained by an interdisciplinary team of physicians, nurses and ancillary services from throughout the organization. This robust library of materials includes education pieces on specific surgeries, conditions, and medical processes, along with more general and basic health education. Available in both English and Spanish, over 700 pieces of education are available for staff use to provide to patients and families. The material is written by TSRHC staff and managed by the Patient Education Committee, with oversight by the Patient Education Advisory Board.

RESOURCES TO ADDRESS COORDINATION OF CARE

Resource details are maintained by the TSRHC Social Work team, in the Resource Directory, found on the hospital's staff Intranet page. Resources found within this directory include vendor information for services such as durable medical equipment, medical supplies, custom equipment, home nursing services, specialty therapies (examples: aquatic, equestrian therapy), nutrition supplies, outpatient and inpatient behavioral health resources, social skills training and psychiatry. This information is searchable by the service needed, counties served and insurance accepted. Other coordination efforts include social work response to transition planning, school accommodations, access to health care, psychosocial support and parent advocacy.

TSRHC transitions patients to adult providers as they approach the age of 18. A group of TSRHC social workers, nurses, administrators and medical staff work to transition TSRHC patients to ensure that all patients needing additional coordination as they age out of services receive the necessary assistance. Categories of care with which staff helps transition patients to adult care include the following.

LEGAL/GUARDIANSHIP

For patients who need guardianship after the age of 18, TSRHC social workers help connect families to attorneys that help them with that process. The hospital has established a formal relationship with the law firm Vinson & Elkins. They can assist families with pro bono legal assistance with guardianship if the family cannot afford legal services.

PRIMARY CARE AND SPECIALTY CARE

Social workers help families identify adult care providers. After adult providers accept a patient and permission is received, the patient's medical records are sent to the receiving physician.

FUNDING

Funding options change after age 18 or 21, depending on the type of services received. Social workers and financial counselors help families understand options and help them navigate processes to acquire funding as adults. Funding can include government-supported income (SSI/SSDI) and/or medical coverage (Medicaid, Medicare, etc.)

EDUCATION AND/OR VOCATIONAL PROGRAMS

TSRHC hosts several education programs for patients and caregivers within the community. Our Pediatric Developmental Disability/Spina Bifida team hosts quarterly weekend educational events to provide support and information to patients with a spina bifida diagnosis, as well as their primary

caregiver. Various speakers provide insight and activities were developed to address topics such as school support, social support, legal support and skill development. Other programs include the Peer to Peer support program, hand support group and various specialized educational events organized by the Neurology department.

TSRHC refers patients to programs such as the Department of Assistive and Rehabilitative Services (“DARS”), which can often help patients with disabilities in finding work and or attending college.

APPENDICES

APPENDIX A – ADDITIONAL TSRHC SERVICES

OTHER TSRHC SERVICES

Prosthetics and Orthotics

The Orthotics and Prosthetics (“O&P”) department at Texas Scottish Rite Hospital for Children provides state-of-the-art, custom-made orthoses and prostheses for patients with special orthopedic need. Our orthotists and prosthetists provide comprehensive care through consultations, measuring, casting and molding, fitting, alignment, fabrication and follow-up visits at our Dallas and Frisco campus. Since the O&P team is on-site, they have the ability to collaborate with doctors, therapists and other medical staff during the child’s visits. Since our department was created in 1975, we have fitted more than 5,600 limbs.

Child Life Services

Child Life Specialists (“CLS”) focus on the social, emotional, developmental and educational needs of children and teenagers in the hospital setting. To help reduce fear and promote coping during the visit, a CLS can provide these services to your child:

- ➔ Prepare and support for medical procedures
- ➔ Educate about diagnosis
- ➔ Teach coping techniques to use during medical experiences
- ➔ Engage in medical play
- ➔ Provide outlets for self-expression
- ➔ Support for brothers and sisters

Family Services

The Family Services Department supports patients and their families while they are receiving treatment at TSRHC. Family Services includes these areas: medical social work for resources and referrals, financial assistance programs and family services counseling, language interpretation and translation services, and coordination of off-site medical services.

Family Resource Center

The Christi Carter Urschel Family Resource Center’s mission is to provide health information and support resources to patients and families in order to help them make informed health care decisions and improve their quality of life. TSRHC understands that families whose children are diagnosed with special needs have many questions, and the Family Resource Center can help the TSRHC patients and families find answers.

A medical librarian and a licensed social worker are available to help patients and families locate information and resources. The collection includes books, magazines, brochures, DVDs, videos and databases covering a variety of medical conditions.

Therapeutic Recreation

The Therapeutic Recreation Department helps children who have a chronic medical condition or disability develop skills and knowledge needed to be involved in recreation and leisure activities. The department provides an inpatient program to work with children during their hospital stay;

ambulatory clinic consults to work with children as part of their clinic appointment; and community outreach programs to connect our patients to resources in the community.

The Therapeutic Recreation department provides a variety of programs designed to train, educate and support children so that they may be involved in recreation and leisure activities. In addition to educating patient families and the community, TSRHC's community outreach programs include:

- ➔ Learn to Golf
- ➔ Summer All Stars
- ➔ Chance to Dance
- ➔ Adapted Cycle Evaluations
- ➔ Recreational Camps

Physical and Occupational Therapy

The Physical Therapy Department at TSRHC works with patients to help them develop or maintain maximum movement and ability. Our physical therapists perform various tests to determine the patient's range of motion and muscle strength and make recommendations for walkers, crutches and other durable medical equipment best suited to the child's needs.

TSRHC's Occupational Therapy department teaches patients to use specialized equipment and use their bodies in new ways that will help them with activities such as eating and dressing on their own. Children learn skills that will help them gain independence and prepare for living independently as an adult. Occupational therapists also assess patient development; evaluate motor skills, personal and social interaction and language abilities and make recommendations for wheelchairs.

Movement Science Laboratory

The Movement Science Laboratory at TSRHC evaluates patients' walking and movement patterns using 3-D motion capture technology. In the lab, small reflective balls are attached to the child, and special cameras measure the motion of the markers while the child walks across the lab or performs certain motions. The information helps TSRHC medical staff make decisions about the best treatment options for the child.

Radiology

The hospital's on-site Radiology department assists physicians in providing the highest quality patient care. If a child's orthopedic condition requires imaging, such as CT, MRI or X-ray, the hospital may be able to provide the imaging in the Radiology department, conveniently located in the clinic area. Our advanced imaging equipment includes a state-of-the-art CT scanner, a high field strength MRI scanner housed in the hospital's Seay/Pickens MRI Center, ultrasound, low-dose digital fluoroscopy and multiple X-ray rooms and OR suites with computed radiography capabilities. The hospital's PACS (picture archive and communication system) allows physicians, nurses and other medical staff to access your child's medical images throughout the campus.

TSRHC is only the fourth hospital in Texas to employ an advanced imaging technology called EOS®. The system produces long length images of the spine and lower extremities with significantly less radiation than is normally required using other imaging tools. There is also additional capability of creating 3D images of the bony skeleton that can provide our surgeons a more complete review of a patient's anatomy for treatment planning.

APPENDIX B – ACKNOWLEDGEMENT OF KEY STAKEHOLDERS

ACKNOWLEDGEMENT OF KEY STAKEHOLDERS

Thank you to the following individuals who participated in our key informant interview process:

PEDIATRIC ORTHOPEDICS

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Philip Wilson, M.D., TSRHC

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Dane Wukich, M.D., University of Texas Southwestern Medical Center

Alan Jones, M.D., Baylor Scott & White Health

DYSLEXIA

Jeffrey Black, M.D., TSRHC, Luke Waites Center for Dyslexia and Learning Disorders

Melanie Royal, Literacy Education and Academic Development

NEUROLOGY

Steven Sparagana, M.D., TSRHC

PULMONOLOGY

Peter Schochet, M.D., University of Texas Southwestern Medical Center

RHEUMATOLOGY

Tracey Wright, M.D., University of Texas Southwestern Medical Center

PEDIATRIC DEVELOPMENTAL DISABILITIES

Veronica Meneses, M.D., TSRHC

PSYCHOLOGY

Radu Pop, PhD, Private Practice Psychologist

OTHER

Steve Love, President, Dallas-Fort Worth Hospital Council

Jill Cumnock, Chief Executive Officer, Ronald McDonald House of Dallas

Pablo H. Anglas, M.D., MD Kids Pediatrics

Marilyn Quinones, Bryan's House

Natasha Roman-Mallar, Bryan's House

Alan Cohen, Child Poverty Action Lab

Marcia Schneider, University of Texas Southwestern Medical Center

Ashley Brundage, United Way of Metropolitan Dallas

Janice Scott, TSRHC

Jennifer Finley, Dallas Independent School District

Jill Bass, Baylor Scott & White Health

Ruby Blum, Dallas County

APPENDIX C – KEY FINDINGS OVERVIEW

Key Findings Overview

Identified Need	Data Assessment (Secondary Research)	Patient Survey (Primary Research)	Patient Focus Groups (Primary Research)	Key Stakeholder Interviews (Primary Research)
Affordability of Services/Financial Stress	* Nearly 200,000 children in the community under age 0-18 do not have insurance.	* Almost 30% of survey respondents have received financial assistance from TSRHC. * Affordability of services and financial stress on family w as reported as the #2 and #3 biggest challenges for patient families. * Survey respondents identified the need for increased understanding of available financial assistance from TSRHC.	* Families desire more information regarding financial assistance options available to them.	
Access to Services	* 36.6% of children (0-18) in the CHNA community are enrolled in Medicaid. * Nearly 200,000 children in the community under age (0-18) do not have insurance. * Almost 330,000 children under 18 live in poverty in the CHNA community.	* Availability of services close to home w as the biggest challenge identified by the survey respondents (30%). * The lack of availability of services in surrounding counties as w ell as the distance to/from TSRHC w as noted as a big challenge for patients.		* Shortage of providers w ho accept Medicaid w as noted. * Children living in poverty have limited access (lack of insurance, transportation and communication barriers). * Current referral system limits access for families w ho may meet the hospital's criteria for treatment. * Expansion of geographic footprint w as recommended.
Lack of Coordinated Care			* Families desire a patient advocate to help their family navigate treatment for their child.	* Transition assistance for patients "aging out" of the hospital to find medical care
Obesity/Unhealthy Eating/Lack of Physical Activity	* Approximately 18.6% of high school students in Texas are obese.	* Obesity w as one of the five most important health issue impacting children identified in the patient survey. * Unhealthy eating and lack of physical activity the 2nd and 3rd most important health issues impacting children in the patient survey.		* Access to healthy foods is challenging for persons living in poverty. * Shortage of healthy nutrition in impoverished areas of the community. * Increased screen time and use of electronic devices has reduced time spent on physical activities.

Key Findings Overview

Identified Need	Data Assessment (Secondary Research)	Patient Survey (Primary Research)	Patient Focus Groups (Primary Research)	Key Stakeholder Interviews (Primary Research)
Risky behaviors (inappropriate use of cell phone and internet, sex, shoplifting, etc)		* Risky behaviors w as identified as the 4th most health issue impacting children in the patient survey.		
Need for additional health education/family support		* Patient families are often isolated and would like to be connected w ith other patient families w ith similar experiences. * Patient respondents are unfamiliar w ith TSRHC's Family Resource Center.	* Families desire information to help them identify available resources in the community to assist in the treatment and care of their child. * Families desire a resource to provide more information regarding their child's condition or illness.	* Many families in the community are unaw are of services provided by TSRHC.
Mental health and behavioral conditions		* Behavioral/mental health w as identified as the most important health issue impacting children in the patient survey.	* Families desire services to help address the psychological and emotional w ell-being of their child and other family members.	* Shortage of mental health services and providers.
Asthma		* 7.0% of children in Texas have Asthma.		